

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/KR2004/000774	For International Preliminary Examining Authority use only
Applicant's or agent's file reference OP04-1024	Date stamp of the IPEA
Applicant REGEN BIOTECH, INC. et al	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	<div style="border: 1px solid black; padding: 2px;">KRW 225,000</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P</div>
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	<div style="border: 1px solid black; padding: 2px;">KRW 190,000</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 2px;">KRW 415,000</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">TOTAL</div>
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	